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Original Articles.

URETHRAL IRRITATION.

By MARY PUTNAM JACOBI, M. D.

[Read before the Philadelphia County Medical Society, November 9, 1892.]

THE causes of vesical and urethral irritation in women are both numerous and diverse. Gynecologists constantly refer to the irritation which accompanies uterine lesions—either inflammations or displacements. Dr. Howard A. Kelly has called attention to the tenesmus and frequent micturition which may be excited by lesions of the ureters, and such tenesmus may, for a certain time, be the most salient symptom of a renal calculus. On the other hand, the distinguished Philadelphian gynecologist, Dr. Wm. Goodell, has truly said, that "a nervous bladder is one of the earliest symptoms of a nervous brain; for nervousness means a deficient control of the higher nerve centres over the lower ones; the vesical irritability indicates a lack of brain-control." The following case excellently illustrates this remark:

It was that of an unmarried woman, about twenty-five years old, of a highly nervous temperament. A year previous to consultation she had, together with a sister, opened an office for type-writing. The business responsibility was unfamiliar, the work often heavy, and the patient had become anxious, worried, and excited over it. She did not, however,

complain of but one symptom, namely, a frequent vesical tenesmus, recurring night and day. The passage of urine was free, but followed by an unbearable distress, apparently situated in the neck of the bladder. The urine was entirely normal in every respect, free from albumin, sugar, oxalates, or other sediment, inorganic or organic. The urethra was normal, and the bladder could be explored by the sound without causing any pain. There was no uterine disease. I should add that there were no definite hysterical symptoms, unless the irritability of the bladder is reckoned as hysterical. The patient was entirely cured by local faradization—one electrode being placed over the lumbar spine, the other over the bladder. A few applications were first made at my office, and immediately followed by diminution in the irritability of the bladder, and in the tenesmus. Then the patient procured a faradic battery for herself, and applied the current for about twenty minutes every night. Relief was speedily obtained, and a complete cure effected in a few weeks.

My recollection of the details of this case is incomplete, as it was observed by me a good many years ago, and I have not full notes. If the frequent and spasmodic contraction of the bladder be due to an over-excitation of the nerve centres of the lumbar spinal cord, and if this over-excitation be due to loss of cerebral inhibition, it is difficult to understand why the local application of the stimulat-

ing form of the electric current should have had so positively curative an effect. The explanation may be approximately referred to the general action of faradic electricity on hysterical peripheric neuroses—action which may almost be called specific—since it is exerted with success in all three forms, namely, hysterical paralyzes, hysterical cramps, and hysterical paræsthesias.

Another case was that of a markedly hysterical woman, aged fifty years, who had passed the menopause, but who was subject to profound analgesia of the lower extremities, so that a pin could be plunged into the flesh and buried to its head without causing the least pain. This patient was subject occasionally to acute attacks of vesical irritability, associated with great general nervousness and depression of spirits. Such an attack was promptly dissipated by the injection into the bladder of two grains of cocaine dissolved in an ounce of water.

A third case was chiefly remarkable for the long duration of the single symptom, for the limited extent of its casual lesion, and for the final success of the treatment. The patient was a West Indian creole lady, between fifty and sixty years old, a widow, who had never had any children, and had never suffered any uterine disease. She was remarkably short, had an old-standing lumbar scoliosis, and suffered often from the muscular pains of lithæmic indigestion. She consulted me for an annoying and constant sense of pressure at the neck of the bladder, or rather more externally, at the urethra, attended with a moderate frequency of micturition, but no alteration of the urine. Just before and after micturition the sense of pressure increased and became more painful. Fifteen years previous, to relieve this same symptom, the urethra had been forcibly dilated by Dr. Marion Sims, but the patient insisted that she had not been at all benefited by the operation.

No spasm and but little pain was caused by the introduction of the catheter; and dilatation of the urethra with an ordinary urethral speculum failed to reveal anything abnormal. I tried several plans of treatment upon the case, which were all quite unsuccessful, and the patient finally ceased attendance. About five years later, very much to my surprise, she re-

turned with exactly the same complaint. On this occasion, thinking that this peculiar and limited morbid sensation might be a pure neurosis, I applied faradic electricity by means of a double electrode inserted into the urethra and just within the bladder. This treatment at once greatly relieved the patient, and the relief persisted for twenty-four hours, when the distress returned. Repetition of the local electrization had the same effect, and the patient was so much more improved by this treatment than by any other which had been tried, that she persisted in it for several weeks. By that time she considered herself very decidedly improved, but not yet well. I then had an endoscopic examination made, and it was found that the mucous membrane of the bladder immediately surrounding the urethral orifice was swollen into a ring. The surface of the ring was moderately reddened. It seemed as if this protruding localized hypertrophy of the vesical mucosa had formed during efforts at bladder expulsion made in former years against some obstruction—very possibly a spasmodic contraction of the neck of the bladder in consequence of a fissure. The faradic electricity had relieved by determining retraction of the submucous cellular tissue. It seemed probable that the local application of a strong astringent would effect a more permanent shrinkage of the swollen mucosa. Accordingly, applications were made of a solution of nitrate of silver—five grains to the ounce—by means of an instrument that permitted the application to be made exclusively to the affected locality. The result was immediately beneficial, and a few similar applications, made twice a week, succeeded in entirely curing this troublesome symptom, which had been annoying the patient for twenty years.

My fourth case seems to me of unusual interest, both on account of its medical history and of the physiological doctrine it illustrates. The patient is a woman thirty-five years of age, who for many years had been overworked and underpaid in responsible business employments. Eight years ago her health began to fail, and in particular she began to suffer from two symptoms—severe spasmodic dysmenorrhœa and a distressing, burning

sensation at the urethra. This was at first said to be constant, but inquiry showed that the patient suffered little from it while lying in bed, but intolerably if she attempted to walk, so that she soon became unable to walk but a block or two. She consulted a prominent gynecologist, who treated her locally for three months, and then advised her to enter the Woman's Hospital. She remained for some time in one service, and at length the surgeon declared he could do nothing more for her unless she would submit to the operation of an artificial vesico-vaginal fistula. Refusing this, she entered another service in the same hospital, and here Emmet's button-hole operation on the urethra was proposed and performed. The patient, however, did not benefit in the least from these various manipulations, but rather grew steadily worse. According to her statement the most careful exploration was repeatedly made for any pelvic lesion adjacent to the bladder which could explain the persistent distress, but nothing definite was ever found.

After ten months' residence at the hospital the patient left it, rather worse than when she entered. She then went to England and consulted Dr. Keith, who, after a careful examination, advised her to desist from all further treatment. She followed this advice, and attempted to resume work, but her strength continued to deteriorate, and she finally was compelled to give up her work again, and remained a wretched invalid.

When the patient consulted me she was a thin, pale, anæmic woman, quiet and rather slow of speech—rather unusually free from the excitability and mobility which so often characterizes hysterical patients. Examination of her blood found 70 per cent. of hæmoglobin, and 1,960,000 blood corpuscles to the cubic millimetre. There was a continuous venous hum at the jugular.

The patellar tendon reflexes were normal. The subjective symptoms were: A constant sense of fatigue, mental and physical, rendering all exertion impossible; this associated with a sense of mental confusion and imperfect memory; distress, rather than pain; in the back of the head; profuse sweating at night; tenderness on pressure at Charcot's point, but on the right side; the

skin over the hypogastrium and thighs moderately hyperæsthetic to touch; and extremely so to faradic electricity. There was a constant burning pain at the urethra, not at all aggravated by micturition, but greatly by walking. A distance of one or two blocks could be traversed with comparative ease, but then the burning pain became intense; a bearing down sensation in hips and hypogastrium was added, and a heaviness extending down the thighs.

At menstruation the patient suffered intensely for several days, but during the pre-menstrual week she usually felt pretty well, at all events much better than at any other time. This fact contrasted emphatically with the pre-menstrual pains which almost invariably characterize ovarian disease. Again, micturition was neither painful nor frequent, and was unaccompanied by tenesmus. A local examination found the uterus perfectly healthy; nothing abnormal discoverable in the pelvis except tenderness upon pressure in the region of the left ovary. The latter, however, was not sufficiently accessible to be exactly defined.

The urethra remained deformed by the partial failure of the union attempted after the button-hole operation. A catheter passed into the bladder caused no pain until it reached the neck of the bladder, then a spasm occurred, moderate in intensity but causing great pain. The spasm was easily overcome, and within the bladder the instrument caused no pain. The urine was normal in every respect. The patient had discovered for herself that the ingestion of large quantities of hot water—increasing the quantity of urine—diminished somewhat the urethral paræsthesia. If for any reason the urine became scanty, the burning became intense. The negative result of the local examination was entirely in accordance with that of the repeated explorations which had already been made by distinguished surgeons. In view of it, and of all the circumstances of the case, I myself made the diagnosis of a severe cerebro-spinal neurasthenia, of which the urethral burning, the ovaralgia, and the dysmenorrhœa were concomitant symptoms. They were, so I argued, symptoms projected on the periphery from a brain so badly nourished as to be

the prey of sensory hallucinations, generated in its lower visceral centres. The history of the case seemed to indicate that local manipulation of the bladder tended to increase, rather than diminish, the subjective hyperæsthésia. The aggravation of the paræsthesia by walking, the relief afforded by recumbency, seemed to me to depend on the facile exhaustion of the centres in the lumbar cord, with their double relations to the innervation of locomotion, and to that of the pelvic viscera. It did not, as evidently had been supposed, argue a coarse lesion of these viscera, which might be aggravated by pressure; rather a vasomotor neurosis due to loss of spinal control when the lumbar cord centres became exhausted.

In a very large number of cases cerebro-spinal neurasthenias, with irritative symptoms, depend upon lithæmia, or, more precisely, upon defect in the hepatic digestion of albuminous foods.

Reasoning most plausibly, though from too few experimental data, Haig has argued that many irritative or explosive symptoms in lithæmic cases depend on a saturation of the nervous tissues with uric acid; that the nerve explosions of migraine, and also of epilepsy, are correlated with a uric acid wave, as uræmic eclampsia is believed to depend on the surcharge of the brain tissues with excrementitious substances.

Herter, of New York (*N. Y. Medical Journal*, September, 1892), in a recent essay, calls attention to the numerous putrefactive products of nitrogenous foods, which form in the intestine when digestion of such foods is imperfect. Estimating these putrefactive products by the ethereal sulphates which appear in the urine, Herter has studied their relation to epileptic attacks, and believes to have found some degree of correlation between the formation of such substances and the convulsive seizures, and at any rate an abnormal degree of intestinal putrefaction in epileptic neurotics. These recent researches tend to focus and accentuate the conviction which many observant physicians must have formed, that the irritative phenomena of neurasthenic conditions are probably traceable to the immediate action on nerve centres of toxic substances circulating in the blood.

It is known that the forms of neurasthenia which are characterized by mere simple debility, are often wonderfully benefitted by an excessive meat diet. This determines an excess of nitrogenous metabolism which, when well borne, is a most powerful stimulant to the nutritive processes of nerve centres. In irritative neurasthenias, however, the milk diet is often far better tolerated, and the explanation is probably to be found in the fact that on such diet the various perversions of nitrogenous metabolism are reduced to a minimum.

In the case in question I resolved to experiment with both diets, and began with the meat, intending to administer a pound and a half a day. However, in the first two days the patient only succeeded in taking three-quarters of a pound a day, and on the third came to me in a very curious condition. Her habitual air of quiet depression had changed to great restlessness. Her respirations were 28, somewhat panting; her pulse 120, feeble, the sphygmograph showing a marked respiratory curve. Her mouth was parched, she felt feverish, but, though she had continued to drink a great deal of hot water, the urine had become scanty and high-colored, and the urethral burning was intense. She had been unable to sleep the previous night, was nauseated, and had contracted an intense repugnance to even the thought of animal food. In spite of the restlessness the patient was drowsy. This condition, produced as promptly and distinctly as if in a laboratory experiment, suggested several explanations, and, unfortunately, there was no opportunity to analyze the urine in such a way as might aid in the choice between them. Thus there was the possibility of a uric acid saturation of the nerve centres, an improbable theory, as the symptoms were quite different from those habitually associated with uric acid excess or retention.

The drowsiness, especially, suggested that peptones, insufficiently modified in the liver, had passed almost unchanged into the circulation, as in Lauder Brunton's experiment.

From a third point of view, the imperfect digestion of the meat had resulted in abnormal putrefaction in the intestine with generation of toxic substances,

which, passing into the blood, had occasioned the entire cortège of pseudo-febrile symptoms. This, on the whole, seemed the most plausible hypothesis.

The most important practical fact was the great aggravation of the urethral burning or paræsthesia under these circumstances, which certainly tended to confirm my hypothesis of its origin in constitutional conditions. The diet was changed to one exclusively of milk, three quarts a day. Two days later the patient returned, seeming a different person. The restlessness, hurried respiration, and nausea were gone; the pulse dropped to eighty-four, the urethral burning and ovaralgia disappeared, the patient feeling for the time quite comfortable.

The case is still under observation and the symptoms oscillate, although with, on the whole, a steady improvement in the condition of the patient. She is kept in bed the greater part of the day, on a diet of milk, baked apples, and a little rice; takes a steam leg-bath followed by cold sponging, minute doses of iron with maltine. Sleep is greatly improved, the mental depression lessened, the urethral burning reduced to a minimum, only occasionally aggravated; such an aggravation occurred on a cold, damp day, but on the next, a bright and clear day, the patient again felt a great deal better. Nevertheless, she was suffering rather more than usual from the occipital pain. This latter was entirely dissipated by an application of static electricity below the occiput. The same application was then made along the spinal column, and although for two minutes the patient was greatly fatigued, she then experienced an agreeable warm glow and sensation of prickling all over her body; and coincidentally, what degree of urethral distress and ovaralgia was for the moment persisting, entirely disappeared.

Throughout that day and the next these two symptoms remained entirely absent, but the occipital headache returned on the second day, to again disappear on the third.

The absence of the local pelvic lesions in this case might seem to render it inappropriate for presentation at this meeting. But I have thought it interesting because the existence of local symptoms seems to have been sufficient to convince so many

distinguished physicians that such lesions must exist, even though they failed to discover them. Yet it is a general law for sensory symptoms that any one may be due to one of three conditions: There may be a structural lesion at the point to which the sensation is referred. There may be a lesion at a distant or adjacent point from which nerve irritation is irradiated to the point of sensation. Finally, there may be a functional disturbance of the brain nowise representing the part, which disturbance is expressed by the morbid sensation referred to the periphery. On this account there should not have been any difficulty in regarding this urethral symptom as an expression of central nervous disturbance, from the moment that careful examination had failed to detect any local lesion of the bladder, urethra, or adjacent pelvic organs. Yet the presumption in regard to such lesions was so great, that when they were not found, they were almost invented; and when prolonged surgical treatment only left the patient in a worse condition than at first, she was given up as incurable, because her parts refused to adjust themselves to a preconceived and erroneous theory.

OBSTETRIC SURGERY, WITH THE REPORT OF A PORRO CASE.

By ANNA M. FULLERTON, M. D.

[Read before the Philadelphia County Medical Society, November 9, 1892.]

THERE is no subject connected with the science of medicine of which the average general practitioner has probably so little knowledge as that of pelvimetry, and the many deviations from the normal condition of things pertaining either to the maternal or fetal economy which serve to render labor a pathological rather than a physiological process. The unquestioning relegation of childbirth to the field of nature by popular opinion curiously exercises its influence upon the professional mind; hence, we find that almost any physician dares to practise midwifery, although he may stand conscientiously aloof from the management of less critical conditions belonging to other specialties, as ophthalmology, otology, laryngology, or general surgery. In the face of these facts, it is not surprising that we should have

such statistics of maternal mortality as those reported by Dr. John Shaw, obstetric physician to the Northwest London Hospital, in a work written as late as 1890. "Insurance reports show," says Dr. Shaw, "that of all the deaths occurring in women between the ages of nineteen and twenty-nine, over 18 per cent. are due to puerperal causes, and of the deaths registered between the ages of twenty-nine and thirty-nine, over 13 per cent. arise from the same source; in other words, all the other diseases and accidents to which women are liable at the earlier age, are less than five times as fatal as childbearing, and, at the later period, when the activity of the function is waning, childbirth is still responsible for nearly a seventh of the total mortality arising from 'all the ills that flesh is heir to.' To these appalling numbers," he continues, "must be added the vast army whose lives are enfeebled, and whose usefulness is crippled by some malady dating from the period of maternity." The injunction laid by beneficial associations in this country upon the payment of "sick benefits" to their members when suffering from what they denominate "womb disease," shows that from a business point of view pelvic disorders are far too numerous to make any investment based upon the chances of their occurrence or cure a possible means of gain. Whatever the sum she may have paid into the society, or however ill she may be, a woman suffering from pelvic disorder can claim no aid. This fact points a moral in itself.

Nor is injury to the mother the only disastrous result of ignorance and negligence in the management of labor. Too often, alas! in the subsequent history of the child, should it survive, we find evidences of brain injury: a slow or deficient mental development, actual idiocy, or congenital paralysis—conditions more pitiful than death and more to be dreaded. In an article read before this Society by Dr. J. Madison Taylor last spring, entitled "An Inquiry into the Causes Producing Cerebral Injuries in the Newborn," we have the frequency of such sequelæ referred to as follows: "Those of us who see many cases of nervous disease constantly have our hearts cruelly pained by parents who present children of defec-

tive and irreparable minds and bodies whose hurt has come through the process of birth." With regard to his investigations Dr. Taylor states: Questions directed to men of large obstetric experience result in a pretty uniform statement that more harm is done to the cerebrum of the fetus by delays in the second stage of labor than by the use of instruments to expedite it. Neurologists also generally hold this view. In support of this statement he quotes from Dr. Abraham Jacobi and Dr. Egbert H. Grandin, of New York; Dr. Jaggard, of Chicago; Dr. Morton, of Ann Arbor; Dr. Barton Cooke Hirst; Dr. Wharton Sinkler, Dr. Joseph Price, and Edward P. Davis, of this city. Among those who believe that instrumental injuries exceed those resulting from prolonged labor he mentions Dr. William Goodell and Dr. George A. Rex, and expresses his own belief that instruments ignorantly and often unnecessarily employed are productive of serious consequences in a large proportion of cases. It is universally conceded that cases of congenital brain trouble do exist, and that the exciting cause may often be traced to an abnormal birth. The investigations of Sachs and Peterson, referred to by Dr. Taylor, show that in a table of 140 cases of paralyses, among 105 hemiplegias, 22 were found to be congenital; of 24 cases of diplegia, 20 were congenital; and so were 7, or possibly 8, of the 11 cases of paraplegia. Their table of causes in the congenital cases showed that in 33 per cent. there was some difficulty in labor—simple delay or instrumental delivery.

When we look into the causes of difficult or delayed labor, we find that, as a rule, it results from disproportion between the size of the child and the maternal passages, or from want of power on the part of the mother. The difficulties arising from malpresentations and other pathological conditions are closely associated with these.

A very much larger proportion of cases of difficult labor arise from pelvic abnormalities than is generally supposed. The lack of attention to the subject of pelvimetry in this country has led to the belief that American women are comparatively exempt from pelvic abnormalities. The graver grades of deformity are, to be sure,

seldom met with; thus, the osteomalacial pelvis is not known in this country. The contractions and deformities due to rickets, however, are not at all uncommon, especially among the colored population. Prof. Anna E. Broomall, whose obstetric experience is probably one of the largest in the country, considers the most common abnormalities, taking the population as a whole, to be as follows: Among American-born women, the simple flat pelvis of the first grade of contraction, the average shortening of the antero-posterior diameter of the inlet being but 1 cm. below normal. The next most frequent cause she attributes to exaggerated inclination of the pelvis. Among the colored race the generally contracted rachitic pelvis is the most common, and the generally contracted flat pelvis the next in frequency. Dr. Edward Reynolds, in his work on "Practical Midwifery," just issued, states that in a recent analysis of the percentage of contracted pelvises among the native and foreign-born women of the out-patient department of the Boston Lying-in Hospital, it was found that two out of every hundred American born women showed some evidences of contraction, though it was usually slight; while among the foreign-born women of the clinic the proportion of deformity reached nearly 6 per cent. My own observations in connection with the maternity work of the Woman's Hospital vary somewhat from these figures, owing perhaps to the fact that we have in Philadelphia a larger proportion of foreigners than are found in the Eastern States. Among 1000 cases of labor of which I have had supervision since my connection with the Hospital, about 14 per cent. had contracted pelvises. If we include among abnormal pelvises those of faulty inclination the number reaches fully 20 per cent. Careful measurements are taken of all the cases confined in the maternity wards. The generally contracted pelvises were thus found to almost double the number of simple flat pelvises, owing to the large proportion of negroes and foreign born patients treated. In the simple flat pelvis the conjugata vera ranged between 8 and 10 cm; in the generally contracted, between $6\frac{1}{2}$ and 10 cm. The average contraction is not of a high grade.

The diversified conditions to which the various species of the human race have been subjected during their development have served to produce peculiarities in structure which have come to be regarded as characteristic. In the most intellectual races the pelvis is found to be most fully developed in area—a difference which must in part be associated with the greater size of the children's heads. The development is greater in the Circassian race, and affects especially the transverse diameter, which is lengthened, and the sacro-vertebral angle thrown forward, owing, perhaps, to early burden-bearing, improper dress, and other vices of living. The simple flat pelvis thus results. In the more savage races, as Negroes, Hottentots, Bushmen, and Australian aborigines, not only is the size somewhat less, but the pelvic brim is more round because of the smallness of the relative transverse diameter, and thus shows a greater resemblance to the type of the monkey's pelvis, in which the antero-posterior diameter is greater than the transverse. The angle of the pelvic arch is also generally less. The comparative ease with which labor is accomplished among these nations, notwithstanding the smaller size of the pelvis, is due to relative smallness in size and greater compressibility of the fetal head. An exceedingly important factor in the labor is thus found to exist in the fetal head. In his "Descent of Man," Darwin tells us: "The belief that there exists in man some close relation between the size of the brain and the development of the intellectual faculties is supported by comparison of the skulls of savage and civilized races of ancient and modern people, and by the analogy of the whole vertebrate series." Dr. J. Barnard Davis has found by many careful measurements that the mean internal capacity of the skull in Europeans is 92.3 cubic inches; in Americans, 87.5 cubic inches; in Asiatics, 87.1 cubic inches; and in Australians, only 81.9 cubic inches. Prof. Broca found that the nineteenth-century skulls from graves in Paris were larger than those from vaults of the twelfth century, and that the increased size, as ascertained by measurements, was exclusively in the frontal part of the skull—the seat of the intellectual faculties. One element of difficulty in

labor, therefore, arises as the inevitable consequence of civilization, particularly when associated with the inactivity and luxurious habits of women of the higher classes—an undue development of the child, with increased ossification of the skull being the result of such habits. It is this resistance of the fetal head, which increases with the age of the mother, that produces a history of increasingly difficult labors in a parturient whose earlier labors may have been perfectly normal. Such a history should at once direct attention to the measurements of the pelvis.

Ahlfeld's rule of determining the duration of pregnancy by obtaining the long diameter of the fetal ovoid, by means of Baudelocque's callipers, one arm of the instrument resting just above the pubic symphysis, and the other over the fundus of the uterus, is that generally employed, especially as an aid to the determination of the period for the induction of premature labor. The measurement thus obtained is supposed to represent just one half the length of the child in the extended position. The stage of development of the child may thus be determined, and the probable size of the diameters of its head. This rule is of necessity inaccurate, as the size of the developing child varies considerably in different cases at the same stage of gestation. It serves, however, as a working basis for approximating the size of the fetal head. In the slighter grades of contraction, particularly in the simple flat pelvis, if the head be of normal size and compressibility, the labor may proceed according to the normal mechanism. If the size of the head be disproportionate to the grade of contraction of the pelvis, the mechanism in a flat pelvis is affected by the inability of the head to adapt itself to the inlet in the ordinary way, its efforts to engage in the transverse diameter, the extension of the head thus brought about by the action of the uterine forces combined with the resistance offered at the inlet, until the bi-temporal diameter, being brought into relation with the true conjugate, the head may clear the superior strait. The labor after this progresses rapidly as a rule, particularly in multiparæ, there being no obstruction in the canal. The main peculiarity in the mechanism lies in the long delay of the

head at the pelvic brim. Another difficulty offered by this class of pelvis arises from the fixation of the posterior portion of the head upon the promontory: the action of the uterine forces are then brought to bear upon the anterior, freer portion of the head, causing it to dip down into the pelvis. The planes of the head thus lose their normal relation to the planes of the pelvis, and an exaggerated obliquity is produced, which is one of the most common causes of impaction of the head in the pelvis. This obliquity cannot be prevented from occurring, because the fault lies in the pelvis. An attempt may be made to correct it manually, and at times may be successful. More frequently this condition, when recognized, is itself an indication for early extraction, because if left to itself the obliquity will increase, and the condition become more unmanageable. It is in the abnormal relations of the head to the pelvis thus brought about that, I believe, the greatest danger arises from the misuse of forceps. When the blades of the forceps are applied obliquely or transversely on the child's head, instead of on the sides, an acute and unequally distributed pressure results, to which, doubtless, many cases of cerebral palsy are due. In the flat rhacitic pelvis the reduction in the antero-posterior diameter is greater, hence this type of pelvis is more difficult to manage than the simple flat. The nearer the period of puberty the disease has occurred the greater the deformity produced. There is nothing in the appearance of the patient to call attention to the existence of the simple flat pelvis, unless there be considerable reduction in the antero-posterior diameter, when the abdomen of the gravida will be pendulous, and there will be greater mobility of the uterus because of absence of fixation of the fetal head at the beginning of labor.

Too great inclination of the pelvis likewise presents an obstruction to the engagement of the presenting part by carrying it beyond the area of the superior strait. Exaggerated obliquity of the fetal head, together with other errors in presentation, position, and variety, are thus brought about. A tedious first stage of labor is the rule. Positional treatment will often enable this difficulty

to be overcome without further aid. The accoucheur may assist the engagement of the head by flexing strongly the spinal column upon the pelvis. Manual pressure above the symphysis pubis, by which the presenting part is carried backward and more directly over the inlet, is also often successful in overcoming the difficulty. In the equally contracted pelvis extreme flexion is essential to the engagement of the head, and an actual occipital presentation is thus brought about through long-continued compression. The labor goes on as in normal mechanism, except that there is delay, slow engagement, slow descent, and slow expulsion.

In the generally contracted flat pelvis the mechanism approaches that of the simple flat pelvis, but the labor is much prolonged. Engagement occurs in the transverse diameters.

The rate of maternal mortality in contracted pelvis has been estimated at 5 per cent. and the fetal at 21 per cent. This probably represents the result when operative procedure is delayed.

The asymmetrical pelvis of this country are the oblique ovate resulting from scoliosis, coxalgia, luxation of hip-joint, or other injuries serving to shorten one limb during the formative period of the pelvis. If the existing obliquity is but slight, the labor may not be affected, the only modification being its lengthening. In high grades of deformity, however, the prognosis is very grave—75 per cent. of the children being lost, according to one authority. The mortality of the mother is represented as about half this. If there be room enough in the pelvis, the induction of premature labor is indicated if the patient be seen in time. Thus, if the antero-posterior diameter of the inlet be 8 cm., labor may be induced about the eighth month. If the diameter is below this, abdominal delivery is indicated. In the management of labor the accoucheur must be observant of the earliest symptoms of exhaustion on the part of mother or child, and prompt in tendering the required assistance before it is too late.

Among the thousand cases of labor occurring in the service of the Woman's hospital in the past six years, 19 per cent. required operative interference at

full term. There were 8 deaths among the women delivered—less than 1 per cent. All but two of these were due to constitutional disease complicating pregnancy. Two sudden deaths occurred—one from shock following rupture of the uterus in a neglected transverse presentation; the other from air in the heart after a delivery, complicated by the pressure of a large fibroid. The fetal mortality was $4\frac{1}{10}$ per cent. from all causes. In 40 cases in which contracted pelvis existed, labor was induced prematurely without the loss of a single mother or child, and thus the complications which might have resulted at a full term were averted. Among the other operations performed were 79 forceps applications at the brim and in the upper portion of the pelvic canal, due to difficulty in descent of the head; 75 forceps applications at the floor of the pelvis for uterine inertia and rigidity of the soft tissues; 11 cases of podalic presentation required assistance in the delivery; and 4 craniotomies were performed, all on dead children. One Cesarean section, one Porro operation, and one symphyseotomy were also done. Inclusive of the induced labors, the percentage of deliveries requiring artificial aid was 23.

The obstetrical resources for overcoming the mechanical obstacles afforded by moderate degrees of contraction are the induction of premature labor, craniotomy, forceps, version and symphyseotomy, or pubeotomy. Undoubtedly the management, *par excellence*, of moderately contracted pelvis is the induction of premature labor; but this necessitates a careful study of the patient's pelvis early in the pregnancy, in order that the time elected for the operation shall be most favorable to mother and child. The advantages of premature delivery to the mother are owing to the diminished head pressure, hence the rare occurrence of lesions of the genital canal. The disfavor with which the induction of premature labor has been heretofore regarded has probably been due to the large maternal mortality which attended its earlier performance, and which resulted, doubtless, from the employment of intra-uterine manipulations for its accomplishment and lack of antisepsis. The large fetal mortality was due to insufficient knowl-

edge of the needs of the premature infant and lack of care in its nursing. Spiegelburg gives the maternal mortality as 18.8 per cent., and the fetal as 66 per cent. Among 30 cases in which I induced labor last year there was no maternal or fetal mortality. It is rarely necessary in this country to perform this operation before the thirty-fourth week for pelvic contraction. The only fair way of testing the value of induced labor is to compare the results of the latter operation with those of full term labors in the same patient. With this view Dohrn reported 19 cases, with 41 children at term, 37 of whom died. In 25 subsequent pregnancies in the same cases premature labor was induced, with 15 living children. Milne, in the *Edinburgh Medical Journal*, vol. xix, reports six women as giving birth at term to 12 children, of which 11 were dead. In the succeeding 38 pregnancies of the same patients premature labor was induced, and 35 children were born living.

The aid of the couveuse—or hatching-cradle for infants—was very appreciable in the management of the premature infants born in our Maternity; and when, as in France, the use of the apparatus becomes more general, the induction of premature labor will, I believe, stand in higher favor in our own country.

The performance of version and extraction in contracted pelvis exposes both mother and child to perils of no insignificant character. Borinski, collecting the statistics of version from the Breslau clinic, reports 58 cases of version in ordinary flattened pelvis, with the result that just one-half the children were born dead. Three of the mothers died from results connected with the operation. In speaking of the high forceps operation, Professor William T. Lusk refers to the collected cases reported by Dr. Harold Williams. Among 119 cases, of the mothers nearly 40 per cent., and of the children over 60 per cent., perished. "So long as the head does not engage at the brim," says Professor Lusk, "there is no rivalry between version and forceps. The latter should be placed under the ban as hardly less dangerous than the Cesarean section." Version, however, is not applicable to the generally contracted pelvis; hence, in the revival of symphy-

seotomy we hope to find a method of procedure which will solve the difficult problem of non-fixation of the head in just such cases, and entirely do away with the barbarous practice of craniotomy on a living child. The operation is still in its probation in this country, but the brilliant results attained in Europe, as reported by Dr. Robert P. Harris lead us to hope that we have in symphyseotomy an operation by which far less destruction to the maternal tissues shall result than can be claimed for either forceps or version, and by which, also, the injurious effects of pressure upon the fetal head may be averted.

From the histories of reported cases, the chief objection to this operation, which lies in the possibility of non-union of the divided symphysis, would seem to be removed. In the only case of which I have any practical knowledge—that performed by Professor Anna E. Broomall, on October 10th, in our Maternity—the union is apparently perfect. Hubert, in a recent article in the *Archives de Tocologie*, warns us against the separation of the pelvic symphysis in mothers who are too old.

In cases of absolute pelvic contraction, where the conjugata vera falls below 6½ cm., and in the deformed pelvis in which there is extreme narrowing, delivery by abdominal section is indicated. The two forms of operation usually resorted to are the Sanger modification of the classical Cesarean section and the Porro-Müller amputation of the uterus. Two operations of this class have been performed in our Maternity wards during the past six years. The first was a Cesarean section performed by Dr. Anna E. Broomall on a patient with a generally contracted rachitic pelvis, the conjugata vera of which measured but 6½ cm., or a little over 2 inches. The patient's child-bearing history was as follows: Three children had been prematurely born, all of whom died. Her first labor at term was a forceps delivery; the second, a decapitation; the third, a craniotomy, the fourth, a forceps delivery, the child being lost; the fifth a Cesarean section. Both mother and child did well after the section.

The second case of abdominal delivery was one performed by myself a little

more than six weeks ago. The patient was a primipara, aged twenty-four years; four feet eleven inches in height; rachitic, with marked kypho-scoliosis. Due to an old unreduced dislocation of the left hip joint, there was ankylosis with marked lateral obliquity of the pelvis and a beak-shaped pubic symphysis. The conjugata vera was estimated at 7 cm. The patient was admitted to the Maternity wards of the hospital suffering with an acute bronchitis superimposed upon an attack of rheumatism. She was then in the latter part of the eighth month of pregnancy. When she had recovered from her illness, a consultation was held, and it was decided to deliver by abdominal section when the patient was nearer full term.

On September 25th I performed the operation, assisted by Dr. Broomall, several other physicians being present by invitation. The nature of the operation had been explained to the patient's friends as well as to herself, and it was left to them to decide as to whether the uterus should be removed or not after delivery. My own feeling was strongly in favor of the uterine amputation, as it seemed to me totally unnecessary to preserve the childbearing function in a woman incapable probably of bearing healthy children, and bearing them, at any rate, at such risk. The parties concerned agreed with me in the matter, and the Porro operation was done. The uterus was lifted out of the abdomen before the uterine incision was made, and the rubber cord applied, as usual, for the control of hemorrhage. Very little blood was lost. No fluid entered the peritoneal cavity. The child gasped as soon as delivered and was soon crying quite vigorously. The uterus contracted firmly as soon as emptied. Before the delivery of the child, hemorrhage was controlled by Dr. Broomall grasping her hands around the neck of the uterus; after the delivery the rubber cord which had been placed was tightened. The placenta was delivered and the uterus cut away, after the application of a wire ligature. The stump was secured in the lower angle of the abdominal wound. I strongly desired to follow the method suggested by Dr. Baer, of ligating the uterine arteries and dropping the stump, but not having

the same familiarity with this method as with the original one of clamping it, I refrained from running any risk. The mother made an excellent recovery and is perfectly well to-day. The child, a girl, weighing six and a half pounds at birth, now weighs nearly nine pounds, and is in good condition. The operation was done about a week before full term.

I am indebted to Dr. Harris for some data concerning the Porro operation which I append to this paper.

"The Porro-Cesarean operation has been performed over four hundred times, since its introduction in 1876, sixteen years ago; and its fatality has gradually decreased up to the present time. If all of the cases were operated upon in good season, and by men of known skill, their fatality of result would no doubt be reduced to a very small percentage. As an evidence of this reduction, I have only to state that there were in the year 1888, 29 operations, with 16 deaths, or 55 per cent.; and in 1890, 45, with only 7 deaths, a mortality of 15½ per cent.

"There are three modes of treating the stump, viz.: 1, the original one of clamping it and securing it in the lower angle of the abdominal wound; 2, of dropping in the stump, as in many cases of hysterectomy, after ligating the uterine arteries and suturing the peritoneum over the cut cervix; and, 3, of securing the stump prepared the same way, by stitching it into the lower angle of the wound, peritoneum to peritoneum. The original method has the least risk, particularly when the subject is not in labor, or has been for a very short time. Many women were lost in the early days of dropping in the stump, as many as thirteen having died out of the first eighteen; but in the perfecting of the method, seventeen have been saved out of twenty, a mortality of fifteen per cent. This is the ideal operation with several skillful men who have had very good results, as it leaves the woman with a free abdominal wall and abundant space for bladder expansion after her recovery.

"The Porro operations of our own country have been largely confined to cases of obstruction by tumors, as operators have usually preferred the improved Cesarean section in those of pelvic deformity for two reasons: 1, the fatality

has been much less here; and, 2, most all of the patients are married women, and operators do not think proper to destroy their internal organs of generation. In the last six years there have been eighteen Porro operations with twelve recoveries in the United States (against sixty-three improved Cesarean operations with forty-three recoveries), one only having died out of the last twelve, and this woman had been seven days in labor, and had a placenta prævia. Of the last twelve Porro cases, two died; one was in a favorable condition prior to the operation, and the other was already septic. Both operations appear to be reaching a much lower measure of fatality, their result depending more upon the condition of the woman at the time of the operation, than on the choice of method. In European maternities in a large number of operations, that of Sanger has the advantage in their final results."

A NEW FORM OF A VALUABLE HEMATINIC.

By W. H. WALLING, M. D.

PHILADELPHIA.

IN THE TIMES AND REGISTER for September, 1891, the writer published an article upon iron, its chemistry, pharmacology, physiological and therapeutic action. The various forms and preparations of iron intended to meet the demand for its pleasant and effective administration, especially the more recent preparations were noticed, the following being of the number. The peptonate, the albuminate, *Ferrum saccharatum*, levulose ferride, dialyzed iron, the malate, *ferrum sanguinis*, and the elixir of the succinate of iron. Their merits and demerits were set forth.

The Albuminate introduced from Europe in 1878, met with little favor in this country, some claims in its favor made by Dumont not having been sufficiently substantiated.

The Peptonate, being like the albuminate, a weak and a not readily assimilable preparation has been little used.

Ferrum saccharatum and *levulose ferride* have been used more or less, but do not seem to fulfill the requirements for a strong iron preparation.

Dialyzed iron, at one time very popular, was upon extended trial proven to be

practically inert as a therapeutic agent. It found its best use as an antidote to poisoning by arsenic, but even here it was inferior to the old hydratic oxide.

Malate of iron, also at one time somewhat popular, has not held the place obtained for it.

Ferrum sanguinis, a French preparation made from bullock's blood. The writer has had no clinical experience with this form. Expense, in connection with an iron preparation, especially, must be considered with the majority of patients.

Salicylate of Iron. Its use has not apparently been very extended. In some conditions it may be very useful.

The Succinate of Iron. This valuable salt iron has been suspended in an elixir which I have used quite freely and with most excellent results. Patients that could not take other forms of iron readily assimilated this with marked benefit.

In the article in THE TIMES AND REGISTER above referred to, in comparing the effectiveness of the various preparations of iron, I spoke of the old tincture as follows:

"The tincture of the chloride of iron is such a valuable preparation that we cannot afford to abandon it, and yet there are many cases and conditions in which its use is prohibited, owing to its styptic and astringent properties. Cannot some of our enterprising pharmaceutical chemists give us a form or modification of this old standard tincture, deprived of its objectionable features without impairing, in any way, its efficiency?" This has been done by Parke, Davis & Company, Detroit. It gives the writer great pleasure to be able to state that the syrup of the chloride of iron has been introduced by the house above mentioned, which more nearly meets the requirements indicated than any other yet formulated. It is sufficiently strong, containing forty drops of the official tincture to the fluid ounce, is palatable, non-styptic, and has no corrosive action on the teeth.

One of the most serious objections to the use of the official tincture of iron is that it contains a large amount of free hydrochloric acid. It is this free acid which is so destructive to the teeth. A part not probably sufficiently understood, is that this corrosive action on the lime

salts of the teeth is heightened by diluting the tincture with water, as ordinarily administered. That such is the case has been proven by experiments upon teeth placed separately in the strong officinal tincture, and in some when largely diluted with water; the first for chemical reasons, which we have no space to explain, showing little if any destructive action, while the latter rapidly attacked the lime salts of the teeth.

Professor Attfeld has shown by conclusive experimentation that the presence of this free acid is not necessary for a perfect solution of the basic salts of iron, and also that the therapeutic effects of the chloride of iron does not depend upon the free acid.

From the above it will be readily seen that the absence of this free acid in the syrup is of inestimable value in the administration of this the most valuable of our hematinics.

In this connection it must be remembered that the action of the remedy is not desired when used internally, until it reaches the stomach, when coming in contact with the hydrochloric acid of the stomach, its effects are as prompt and decisive as when the strong styptic tincture is used.

Furthermore I have found frequent cases when the tincture could not be taken, the stomach rebelling from even small doses, but the above syrup was well digested and a decided improvement manifested.

I have given the syrup of the chloride of lime in doses from one teaspoonful (containing five drops of the tincture) to one tablespoonful, equaling twenty drops, to be repeated as often as may be desired.

It may be necessary at times, to rapidly instil iron into the system, when a full dose may be given every fifteen minutes for some hours with good effect.

When we remember that twenty-five minims of the officinal tincture contains nearly one grain of the metal, and that the total amount of iron in the whole mass of the blood of a healthy person does not exceed 248 grammes, or about thirty-nine grains, it will be seen that it would take but five such doses as the above to introduce an amount of iron far in excess of the normal quantity, provid-

ed it were all assimilated. That but a small proportion of it is taken up is well known.

Another fact in this connection must, however, be kept in mind, and that is that this assimilation is in proportion to the amount ingested in a rapidly increasing ratio. Thus, if ten grains of iron be given, one grain will be absorbed; if twenty grains be given, five grains will be taken up, and so on to a certain extent. This is why such large doses are sometimes administered, and with such decided benefit, the effect being proportionate to the dose.

The advantages a preparation of iron easily administered will possess when comparatively large doses are desirable, seem to be fully shown in the syrup under consideration. This syrup of the chloride of iron will blacken both the teeth and the tongue to some extent, but much less so than when the tincture is used, but simply blackening the teeth does not indicate an injurious effect, as the discoloration is readily removed, and the teeth found to be intact.

A few especial uses of the syrup of the chloride of iron may be mentioned.

In diphtheria, where the chloride of iron is essentially necessary, this form of it will be found especially serviceable, as children will readily take it but will utterly refuse the tincture. Give two teaspoonfuls every hour or two.

In anemia push the remedy. It will improve the appetite and digestion. This is one of the peculiar properties of iron as a tonic and stomachic, when administered in a proper form.

In strumous enlargements of the cervical, inguinal and mesenteric glands, give this preparation freely.

In tuberculosis, in connection with cod liver oil and creasote, these iron tonics will be found to be invaluable. They part readily with their oxygen when introduced into the system, and in consumption the blood is especially in need of this substance. This part of the subject, must, however, be reserved for future consideration.

Parvin says the three most common causes of abortion are syphilis displacements and excessive sexual intercourse.

The Times and Register.

A Weekly Journal for Medicine and Surgery.

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THE PAN-AMERICAN MEDICAL CONGRESS.

At a meeting of the American Medical Association, May 5, 1891, the following resolutions were passed:

"Resolved, That the American Medical Association hereby extends a cordial invitation to the Medical Profession of the Western Hemisphere to assemble in the United States in an Inter-Continental American Medical Congress.

"That the Committee of Nominations be, and is hereby instructed, to nominate one member for each State and Territory, and one each from the Army, Navy, and Marine Hospital Service, who shall constitute a committee, which is hereby instructed to effect a permanent organization of the proposed Inter-Continental American Medical Congress, and to determine the time and place at which the same shall be held."

Pursuant to this a committee of forty-nine gentlemen was appointed. This

Committee effected an organization of the Congress. The President is Dr. William Pepper, with whom there are seventy-three Vice-Presidents, each representing one of the United States, and the different Central and Southern American States, the West Indies and Canada. The Secretary-General is Dr. Charles A. L. Reed, of Cincinnati, O. There are also nine Assistant Secretaries. The Secretaries are Dr. Ferd C. Valentine and A. Walter Suiter. The Treasurer is Dr. A. M. Owen, of Evansville, Ind.; the Chairman of the Committee on Arrangements is Dr. Samuel S. Adams, of Washington, D. C. There are six Incorporators, and a Board of Trustees, fifteen in number. There are also an Executive Committee of seven, and an International Executive Committee of twenty-two. The Committee on Ways and Means consists of seventy-five gentlemen representing different States. The Congress is to meet in twenty-two sections, each of which has numerous honorary presidents, one executive president, and about fifteen secretaries. Finally, there are auxiliary committees representing the different States.

The Congress is to be held in Washington, D. C., September 5 to 8, 1893. The registration fee is to be \$10 for members residing in the United States, but no fee will be charged foreign members. The official languages of the Congress are Spanish, Portuguese, French, and English. The regulations adopted require that "contributors forward abstracts of their papers, not to exceed six hundred words each, to be in the hands of the Secretary-General not later than the 10th of July, 1893. These abstracts will be translated into English, French, Spanish and Portuguese, and will be published in advance of the meeting for the convenience of the Congress; no paper will be placed upon the programme, which has not been thus presented by abstract.

Abstracts will be translated by the Literary Bureau of the Congress at the request of contributors. Papers to be presented to sections must not consume more than twenty minutes each in reading, and when of greater length must be read by abstract. Papers read by abstract may be printed in full in the Transactions, subject to approval by the Editorial Committee. Papers and discussions will be printed in the language in which they may be presented. All papers read in the Section must be surrendered to the Secretaries of the Sections, and all addresses read in the General Sessions must be surrendered to the Secretary-General as soon as read; and all discussions are to be at once reduced to writing by the participants.

The Congress is thus organized on precisely the basis for which we fought the Ninth International Congress battle, that of territorial representation. It is due to those who forced that issue that a recognition of their work should be made. The coming meeting bids fair to be one of surpassing interest. We can now present the world the works of a united profession; the scientific work will be undisturbed by medical politics; and as the coincidence of the great World's Fair will doubtless bring many foreign physicians to this country the meeting will probably be the most distinguished gathering of the profession the world has ever seen.

THE effrontery with which the English journals foist their disreputable brothers upon America is quite amusing. Neill, or Cream, the "American" poisoner, happened to be born in Glasgow. Two Belfast rascals assumed the title of "The Faculty of American Physicians and Surgeons," and started to do up their countrymen. While they were speedily exposed, and everyone is aware that they never saw America, the English jour-

nals still keep harping on them as "the American doctors."

DURING forty years the lunatics in Ireland have increased from 10,000 to 21,000, in spite of the decrease in population. The *Hospital Gazette* inclines to the belief that neglect of productive labor for the field of politics has had something to do with it; but it would seem that the English land-owner ought to be affected rather than his non-paying tenants.

Now let the beer-guzzler rejoice. Weyle says that the cholera-bacillus does not take kindly to beer, and that beer-drinkers are safe. As this applies in all probability only to sour beer, it goes to show that the bacillus is wiser than the men; for it won't drink sour beer, but they do.

Letters to the Editor

MELANCHOLIA REACTION.

IN my practice, two recent cases of melancholia of apparent hepatic origin, at least the liver participated in the general atonic state, upon recovering exhibited considerable exaltation of spirits.

One, a young lady of nineteen, was treated with persistent dosimetric granules of hydrargic mild chloride, and the other, a lady of sixty, underwent a course of vigorous hot bathing; elimination action, in both cases, was probably the cause of their sudden recovery.

The exaltation was so decided in the young lady's case that I feared a mild mania had set in and that circular insanity was developing, but the good feeling in both instances merely seems to be due to relief from the preceding depression.

Some of the alternating melancholias and manias appear to be toxæmias, but mere recovery from a former melancholia would be sufficient to account for considerable exuberance by way of rebound.

S. V. CLEVENGER.

70 STATE ST., CHICAGO.

Book Notices.

A MANUAL OF CLINICAL OPHTHALMOLOGY. By HOWARD F. HANSELL, M.D., and JAMES H. BELL, M.D. 120 illustrations. P. Blakiston, Son & Co., Phila., Pa.

It is too much the fashion at present for young practitioners to try to write a book on their pet specialty. It is not a question as to how much original matter they incorporate, which, from their inexperience, they of course fail to do, but how they best disguise the *cribbing* which is so palpable in many of our recent works. To deserve praise in any honest effort means that good work, be it *cribbing* or no, should be done with some effort towards competency. Alas, the ophthalmic mountain has again gone into labor, and a "mole" has been brought forth. The authors of this "compilation" state with creditable frankness that none of the illustrations are original, would that they should have said also, that the text was *not original*. In the preface, we read that "simplicity and brevity of statement have not been sacrificed to the mere attractiveness of literary finish." With all due deference to our authors, we would like to ask in what cause the above mentioned and very desirable attributes have been sacrificed, for we find on further perusal, neither the "simplicity and brevity of statement" nor the "literary finish;" for example, on page 29 we find this classical example of descriptive English: "The conjunctiva, continues with the Schneiderian mucous membrane of the nose and the integuments of the lids at their free margins, is a mucous membrane composed of columnar epithetium with its basement membrane, and is richly supplied with vessels and nerves," and so on to the end of the book. No doubt this little manual has been issued with the best intentions, but we cannot honestly recommend it to any student who wishes to begin the study of ophthalmology.

THE PHYSICIAN'S AND STUDENT'S READY GUIDE TO SPECIFIC MEDICATION. By J. S. NIEDERKERN, M.D., Versailles, Ohio. Paper backs, 12mo, pp 115.

This is an attempt to apply the specific medications of homœopathy to the drugs employed by the eclectics.

HYGIENIC MEASURES IN RELATION TO INFECTIOUS DISEASES. By GEORGE H. F. NUTTALL, M.D., etc. G. P. Putnam's Sons, 1893. Cloth, 12 mo. pp 112.

The modes by which infectious disease is transmitted, and the means of preventing such transmission, are considered, as well as the destruction of disease germs and the treatment of each article that serves as a medium for the conveyance of disease from person to person. Very plain, very explicit, fully up to the latest authorities.

A MANUAL OF THE PRACTICE OF MEDICINE: Prepared especially for students. By A. A. STEVENS, A. M., M.D., etc. Illustrated. Philadelphia, W. B. Saunders. Cloth, 8vo, pp 501. Price, \$2.50.

An epitome, resembling the quiz compend in its plan and contents.

OVER 1000 PRESCRIPTIONS AND FAVORITE FORMULÆ FROM AUTHORS, PROFESSORS AND PRACTICING PHYSICIANS. Cloth, 12mo, postpaid, \$1.00. THE ILLUSTRATED MEDICAL JOURNAL Co., Detroit, Mich.

The various formulæ contained in this volume are *practical prescriptions* of new and old remedies for the various types of disease that affect mankind. *They are the favorite ones*, of the various authorities, for the diseases indicated. The *index* is full and complete, thus rendering the whole book easy of access. The volume is copiously interleaved, so that on the blank pages can be recorded, by pasting or copying with pen or pencil, any other prescription suitable for any disease that is on the opposite page of the book. The whole is comprised in a neat cloth-bound volume of nearly 300 pages, and will be mailed to any address upon receipt of its price by the above publishers.

The Open Court Publishing Company will issue for the holidays, "Truth in Fiction, Twelve Tales with a Moral," by Paul Carns.

The Messrs. Macmillan & Company announce that the recently completed edition of Foster's Text-Book of Physiology in four parts is to be supplemented by the issue of an appendix on "The Chemical Basis of the Animal Body," by A. Sheridan Lea, Sc. D., F. R. S. Dr. Lea is Lecturer on Physiology to the University of Cambridge, England.

Among Brentano's announcements this fall are: "Chicago," the third volume in the Views of American Cities. "The Buildings of the World's Columbian Exposition," a set of plates in photogravure. "The World of Music," three volumes on "The Great Composers," "The Great Singers," and the "Great Virtuosi," by Comtesse de Brémont. Motteux's translation of Don Quixote, in four volumes, illustrated with thirty-seven original etchings by Adrien Lalauze. The "Petite" Library, the life of Chopin, Liszt, Mozart, Beethoven and selections from Heine, Schiller and Goethe. Fairbairn's Book of Crests. "Alma, or the Story of a Little Music Mistress," by Emma Marshall, and "The Queen's Navee," by Commander C. H. Robinson, R. N.

News.

THE FIFTH PURE FOOD EXPOSITION.

THIS annual display of high-class food products has become quite a popular feature of the Thanksgiving season. Each year the exhibition has attracted larger crowds, until at the present time the problem is how to find room to accommodate them. Industrial Hall during the past two weeks has been packed with visitors, admiring the beautiful display, and testing the samples offered. Of course the "sample fiend" has been abroad in her might; but the feature of the present exposition has been the large number of purchasers presenting themselves. More than one firm has announced sales sufficient to pay all the expenses of the exhibit. To those introducing new articles of food, the opportunity is especially valuable, as in no other way can the prospective consumer so readily be induced to give the goods a trial.

Of those now exhibited for the first time, probably the most important are the products of N. K. Fairbank & Co., of Chicago. These consist of cottolene and other products of cotton-seed oil. The advantages of substituting a vegetable fat for one of animal derivation are too well known to require demonstration;

and become more evident with each new step in our knowledge of the communicability of microbic disease. No one now doubts the derivation of tuberculosis from the animals furnishing food to man; any more than that the pig is the source of trichinosis, or the cow of taenia and cysticercus. There are reasons for believing that carcinoma and sarcoma may eventually be traced to the same source. The difficulty in establishing a market for cotton-seed oil has been in the kitchen. In Germany and Latin Europe, the liquid oils are in general use for cooking and for the table, but in this country they are practically unknown, excepting in salad dressings. Bridget knows lard and butter, and these only; and chemists may demonstrate the superiority of oil, hygienists may prove its healthfulness, and the vendor assure her of its economy; she will continue in her old way.

Washington Butcher's Sons endeavored to introduce the cotton oil, under the name of olive butter, and the Cotton Oil Product Company made a short lived effort in the same direction; but neither was successful.

The present product is put in the solid form and cannot well be distinguished from the better qualities of lard. It is composed of cotton-seed oil and beef-fat. The manufacturers claim that cottolene replaces lard in all cases, in about two-thirds of its weight, thereby saving one-third of the quantity required; the market price being about the same. Should the present effort succeed, it is probable that cottolene could be produced at a lower price, as at present not more than one-fourth of the product is utilized. The company issues a book containing 600 selected recipes, by Mrs. Corson, Marion Harland and other culinary authorities. This should serve the purpose of removing any difficulty in adapting the cottolene to kitchen uses.

An allied company, the Union Oil Co., of Providence, R. I., makes an exhibit of salad oils that cannot be distinguished from the true olive oils.

The most beautiful exhibit is that of Van Houten & Zoon, occupying the stage. This is filled with hemlocks and firs, hung with Chinese lanterns, and set with small tables, at which Van Houten's cocoa is served to all comers. Mr. Thomas

V. Cobb has charge of the exhibit, and is responsible for its artistic beauty. He has as assistants, twelve pretty maids, in Holland costume, who serve the guests with cocoa. The girls' headdresses are of old Holland lace, costing \$18 a-piece; with antique Dutch ornaments of pearls and gold. One of these veils was worn by a maid of honor at the Dutch court, when she presented the King each morning his cup of Van Houten's cocoa.

That cocoa has ceased to be a luxury for the rich, and is entering into sharp competition for the favor of the many, is evidenced by the number and beauty of the exhibits. One firm circulates a calculation that ninety cents' worth of cocoa will go as far as \$1.50 worth of coffee.

Handsome exhibits of cocoa were also made by H. O. Wilbur & Sons, of Philadelphia, and Walter Baker & Co., and Bensdorps, of Boston. The cocoa-theta made by Wilbur appeared to be very highly appreciated.

The Clarke Coffee Co., of Boston, presented a new candidate for public favor in their cocoa-coffee. This is explained to be composed of cocoa deprived of its superfluous fat, and coffee deprived of its tannic acid. By these means a product is obtained that is claimed to be specially suited to the great class for which neither tea, coffee, nor chocolate is "just the thing." At any rate, the cocoa-coffee is a very pleasant beverage.

Quite a variety of canned soups was exhibited. Among them, the Huckins' products maintain the high reputation they have enjoyed for thirty-seven years. That this field is not left entirely to them is evidenced by the excellence of the soups made by the Armour Packing Co., of Chicago; W. A. Millar & Co., of this city; the Muhlen-Blackledge Co., of Indianapolis, and the T. A. Snider Preserve Co., of Cincinnati. The Millar Company also make an extract of beef, so palatable that the Liebig people must look to their trade. Burnham's clam bouillon, a preparation introduced to Philadelphians first by this journal, has apparently survived all its competitors; as no other is exhibited. The value of this is enhanced by the addition of a little salicylic acid, that preserves the bouillon and exerts an antiseptic action on the intestines at the

same time. This important subject will soon be treated at length.

The importance of this Exposition in the estimation of manufacturers of foods is well shown by the exhibit of the Cudahy Packing Co., whose home office is in South Omaha. They present a beef-extract and a preparation of pepsin.

Of other articles of diet, some of which interest the physician as desirable for his patients' welfare, and others as conducive to his own opulence, we may mention "Hecker's Buckwheat" (claimed to cure dyspepsia, rheumatism and biliousness); Napheys' Lard, Philadelphia; Geo. Boyd & Sons' Queen Table Syrup, Philadelphia; Hires' and Lear's Root Beers; Krout's and Cleveland Baking Powders; B. S. Janney, Jr., & Co., cereals, Philadelphia; J. H. Michener & Co., hams, Philadelphia; Weikel & Smith, spices, Philadelphia; Finley, Acker & Co., groceries, Philadelphia; Thomas Martindale & Co., wines, Philadelphia; Roasted Cereals Co., New York; Pettyjohn Breakfast Food Co., New York; The Wm. Lea & Sons Co., Wilmington, Del.; The American Cereal Co., Akron, O.; Trenton Cracker Co.; New York Biscuit Co.; Purity Dried Fruits Co., Quincy, Mass; N. E. Peanut Taffy Co., New Haven, Conn.; Plymouth Rock Gelatin Co., Boston; Crystal Gelatin Co., Boston.

T. E. Dougherty's representative was busily engaged in furthering our interests by baking pies of the N. E. condensed mince-meat, and giving them away to all comers, at the rate of 400 every day. The Helvetia Milk Co. exhibited a valuable article in their condensed cream; put up in cans. This is indispensable to him who loves that crowning point of a good dinner, a little cup of strong, unsweetened Mocha coffee.

The exhibit was not confined to food alone, but included some other articles of utility. The Ridgeway Refrigerators occupied a prominent place. These are claimed to keep the contents in better condition and to require less ice than others; on account of the condensation of moisture and the retention of the drip from the ice until its cooling capacity has been exhausted. An improvement in ranges was shown by Thomas, Roberts, Stevenson & Co., consisting of

gauze doors to the ovens, allowing some escape of hot air and ingress of cold; the circulation resulting in better cooking, avoiding the drying of meats by absorption. Mrs. Rorer recommends these ovens highly—and she ought to know.

Wolf & Randolph exhibit a transparent paint for glass and wood, entitled "Pik-Ron." It could be utilized for lettering signs on windows.

"Pyle's Pearline," "Kendall's Soapine," "Grady's Scourer," North Bros.' household hardware, Queen Silver Polish, may, perhaps, interest the doctor's family.

It is much to be regretted that the managers allow their otherwise creditable exhibit to be marred by the admission of several nostrums. These are not foods, nor in any way related to the objects of the Exposition; but interlopers that do not belong to it. They are also of a highly objectionable nature. Any one who advises acetanilide compounds for headaches, without regard to their nature, is liable to kill somebody; while the man who advises people with diphtheria to dally with a patent nostrum till the curable period has gone by, will have more to answer for than the writer would care to be burdened with. We hope that next year's Exposition will be purged of these objectionable features.

The Medical Digest.

BIOLOGICAL SOCIETY OF PARIS AND FERRAN'S METHOD OF INOCULATION AGAINST CHOLERA.—A communication from Ferran of Barcelona was received, in which the following two points were made: 1. That the inoculations lately recommended by Doctors Haffkin and Klemperer are newly developed applications of the process invented and used by him since 1885. 2. That in the future during epidemics of cholera the inoculation by the wholesale will be both simple and undetrimental; that 5 to 6 drops of a culture of the comma bacillus can be drank and a quick curing cholérine excited.

The chairman, M. Chauveau, said if this be true, it is certain that cholérine, which precedes cholera, will afford immunity to the individual; that some

day the method of cholerisation will consist in this, that the wells and reservoirs will be supplied with the necessary quantities of weakened cultures so that the water drank by the population will effect a sort of inoculation. Even if the sewers be filled with the comma bacilli, no danger can any more ensue when the whole world has been made immune! Undoubtedly the priority of discovery belongs to Ferran. One still, as formerly, makes light of the Spanish doctor's labors, apparently because he proclaimed them in a very unscientific form. The utilization of the drinking water, as a medium through which to cause inoculation, seems empirical, imprudent and unscientific.

M. Laveran said that ignorant people have often accused the doctors of poisoning the wells (Russia.) One should consider what revolutions, in a certain degree justified, this process would provoke.—*Deutsche Medizinische Zeitung*.

INTESTINAL ANTISEPSIS.—Not very long ago I was called to see an old soldier who had been troubled with attacks of diarrhœa ever since the war. Within recent years his attacks had become more severe and more protracted. He was stricken down with one of his periodical spells of sickness last August, and remained under the care of two physicians of unquestionable ability for two weeks. When I was called to see him I found myself confronted with a desperate state of affairs. He had evidently been freely dosed with opiates, for his pupils were contracted, his breathing was heavy, his senses benumbed. His anus was sore from the evacuations and the frequent use of astringent enemata. In spite of treatment the diarrhœa had continued with unmitigated severity. The outlook was certainly not encouraging. I ordered the patient surrounded with hot bottles and administered spir. frum. ʒss subcutaneously. Then I ordered zinc. sulphocarb. gr. $\frac{1}{2}$ and cupri arsen. gr. $\frac{1}{100}$ every ten minutes until twenty doses had been given. Two hours after the first granule of cupri arsen. had been administered the diarrhœa stopped, and there were no more stools for forty-eight hours. On the third day the patient had an ordinary, non-offensive alvine movement.

Within a week he was up and about. The wonderful effect of cupri arsen., preceded by a reliable disinfectant, like the sulphocarbonate of zinc, in cases of summer complaint, is frequently a revelation.—Juettner, *Lancet Clinic*.

FLAMING SURGICAL WOUNDS.—M. Felizet gave an interesting account of the treatment of several cases of surgical wounds by the flame of the blow-pipe. He said that in many surgical lesions, and tuberculous affections in particular, it was often difficult to draw a positive line between the healthy and the diseased tissue, consequently it is necessary to complete the operation of the knife, the chisel, or the curette by the application of certain caustic solutions, such as chloride of zinc, &c. After the most complete resection there remains always enough of tuberculous matter to infect quite a series of animals when injected. The method he has employed in a great number of cases had for aim to destroy the diseased parts and to provoke a reaction which produces a zone of protection against the invasion of infectious matter. The principle of this method consists in passing rapidly over the wound the flame of a blow-pipe of which the temperature attains 27-32° F. He obtained by this treatment thirty-eight cures with suppuration, fourteen resections of the knee, eight of the hip, five cold abscesses of the same joint, one enormous abscess of the breast, one adenitis, &c. The lips of the wound are protected by several compresses steeped in an antiseptic solution, and the flame of a blow-pipe is passed rapidly over all the raw surface. The reaction is insignificant, and the lips of the wound, which are always left untouched, are brought together over a seared and consequently dried surface. M. Nélaton said that in two cases of cancer he was able to retard a relapse by the use of the gas cautery.

SURFACE COLOR AND CONTOUR AND VISCERAL LESIONS.—Dr. T. H. Manley, of New York, concludes (*Doctor's Weekly*) that from the standpoint of diagnosis, as a rule, surface indications in cases of serious violence sustained by any one of the three great cavities seldom furnish reliable criteria as to the nature,

extent, or situation of internal injury. In a considerable number the surface disorganization, particularly in cranial traumas bears no ratio to the state of the underlying parts, as, in not a few, the surface class may be of appalling proportions, yet vital centers wholly escaping. In another, the least numerous class, there is a close correspondence with the extent and quality of the peripheral and central disorganization. Profound constitutional symptoms, in which psychological manifestations predominate, are of very serious import, and are generally attributable to a loss of blood or leakage from a hollow viscus, when force is spent on the thorax or abdomen. In those lesions confined to the surface, the general system usually escapes immediate implication and tends to prompt recovery. In mixed cases the danger is always greatest, yet those who survive the immediate effects may advance toward recovery, it must not be lost sight of, that not a few who have sustained concussive violence, though they seem to have made a good recovery, may develop at varying periods after the primary injury, cerebral, cerebro-spinal, or parenchymatous degeneration in organs, and thereby shorten life, or cause an existence of pain, misery and helplessness. Accordingly, some time must always elapse before the surgeon can speak with definite certainty of ultimate results in this latter class of injuries.

PROLAPSE OF THE RECTUM AND TREATMENT THEREFOR.—Dr. Thomas H. Manley regards recto-anal prolapse as essentially a herniated condition, being dependant on the same factors, and like hernia is common and curable in early childhood; while in the adult it may persistently recur. The treatment which he recommends in simple cases is divided into constitutional and local. For the former depletion of the portal system by an occasional mercurial purge; with rest in bed in the dorsal or lateral decubitus, for a period of from one week to a month.

Local measures are taxis and anal support by truss pressure. He has found that the simplest and safest surgical measure for the radical and permanent ablation of a proctentia recti is an enterectomy, or the complete excision of

the redundant, hypertrophied tissues. Cases with illustrations are included which had been treated by him successfully in this way.—*Weekly Med. Review.*

NOTE ON PEROXIDE OF HYDROGEN IN DIPHTHERIA.—I agree with Dr. F. H. Williams, of Boston, U. S. A., as to the value of a thirty volume solution of the peroxide of hydrogen in the local treatment of diphtheria as described in the *Medical Press and Circular* of October 26, p. 436. I wish, however, at the same time, to add to this commendation the important warning that the thirty volume solution should never be used except on open surfaces. In 1857, when I began to experiment with it, the peroxide was the rarest of chemical curiosities; it had never been used in medicine, and I had not a spark of light to guide me as to the number of volumes that could safely be employed medicinally. I began with strengths of four and five volumes; then I moved up to twenty and thirty volumes; but I soon learned that with the higher volumes the oxidation was so rapid in the presence of pus and similar disturbing substances the effect was practically explosive in character. In a case of abscess of the antrum I injected a drachm of a thirty volume solution through an opening into the cavity made by the extraction of a tooth and free perforation, and witnessed an action which for a few seconds alarmed me, owing to the gush of purulent foam that followed. I found afterwards that for the destruction of pus, weaker solutions would answer well enough, and from that time until my first publication on the substance made to the Medical Society of London in 1860, I gave to this question of volumes the most careful study. In the end I came to the conclusion that, on the whole, the ten volume strength was the most practical, and I fixed on that as a standard which has been generally adopted by the profession. I have never seen occasion to suggest the alteration of that standard, but there are exceptional cases where a solution of greater strength may be used, and diphtheria is one of these. By the local application of the solution to the diphtheritic membrane, destruction of the membrane and adhesions of it are more rapidly secured,

than by the lower volumetric strength, and as the surface is open there is no danger of creating tension or forcible rupture of parts. The same rule applies to applications of the thirty volume solution to the cutaneous surface in phagedæna, syphilitic sore, and senile gangrene.

On the other side, there are cases in which the ten volume standard solution may be advantageously used in very small quantities. I have a case in hospital just now which illustrates this point. A woman is suffering from a circumscribed abscess discharging from a fistulous opening in the abdominal wall. Here I introduce the solution in small quantities by saturating a pledget of cotton with the solution, introducing it through the sinus by the probe and repeating the dressing frequently. By this plan I have seen a large cavity contract and close up in the most satisfactory manner. In the treatment of *fistula in ano* this method ought to supplant, in many cases, operation by the knife.—B. W. Richardson, *Med. Press and Circ.*

PRELIMINARY NOTE ON THE TREATMENT OF SYPHILIS BY DOG'S SERUM.—Professor Tommasoli, of Modena, has recorded (a) some results obtained by him in the treatment of secondary syphilis by means of hypodermic injections of serum prepared from the blood of lambs and oxen.

In August of this year I prepared some dog's serum and had the opportunity of trying it upon two patients of the Lock Hospital who were suffering from recent syphilis. The results obtained were good as far as the cases were followed up, the rash and other manifestations quickly disappearing under the influence of the injections. Unfortunately I have lost sight of the patients, due probably to the injections producing a somewhat painful swelling, and partly also due to the fact that they are better, and have in consequence not returned to report themselves. I shall hope later on to record some other cases where the treatment has been carried out more fully, and put on record the results thus obtained.

The *rationale* of the treatment appears to be the marked bactericidal action of freshly prepared serum, and it is essential

that the serum should be used when perfectly fresh, otherwise the results obtained will be disappointing.

I have noticed, as other observers have also done, that the first injection or two will send the temperature up slightly, but it quickly becomes normal, and is apparently of no moment. There is also occasionally formed at the seat of the injection a localized swelling, which is tender to touch, and the skin over it is slightly injected, but suppuration never takes place, and the tumefaction soon subsides. Now and then the injection may be followed by an urticarial rash, which, as far as I have seen, does not spread very far from the seat of the injection, and soon disappears.

The serum was injected into the back in doses of two cubic centimetres twice a week, with a Koch's hypodermic syringe, which was well sterilized, and it is a safe precaution to thoroughly wipe the skin over the proposed site of injection with 1 in 20 carbolic lotion.

The method of preparing the serum is as follows:

The blood is taken aseptically from the carotid artery, and allowed to flow into a large sterilized test-tube at the bottom of which is a little oxalate solution to prevent coagulation. When about three parts filled the tube is plugged with cotton-wool, and the tubes put in a centrifugal machine, by which means the corpuscles and plasma are separated. The plasma is then decanted off, and allowed to clot, from which the serum separates, and can be drawn off into small sterilized test tubes, which are plugged with cotton-wool; or if required to be transported, it may be drawn into sterilized glass pipettes, the ends of which can be sealed in a gas flame.

Afterwards a necropsy is performed on the dog, and serum only retained if the animal is perfectly healthy.

I have had a small electrical motor made, attached to a turn-table, which forms a very convenient apparatus for centrifugalizing small quantities of blood, as it can be attached to an ordinary wall plug where the electric light is laid on, and as it is essential to use the serum freshly prepared, one only makes it as it is required.

—Cotterell, *Med. Press.*

DIAGNOSIS OF ACUTE ANTERIOR POLIOMYELITIS.—The essentials for an early diagnosis are a slight fever, local tenderness, flaccidity of muscles and a failure to respond to a faradic current strong enough to cause contraction in the sound limbs. The tendon reflexes are abolished also very early, but as they are difficult to obtain in infants, their investigation has not been insisted upon.—Church, *Kansas Med. Jour.*

CORDIER THUS PRESENTS THE CASE FOR THE COELIOTOMISTS:—(1) Our endeavors should be so directed in the treatment of this class of cases, as to effect the most cures in the shortest period, even at the expense of a sacrifice (?) of diseased and useless organs.

(2) Very few, if any, pelvic abscesses are suitable cases for vault drainage.

(3) Pelvic abscesses are, in the great majority of instances, secondary to tubal and ovarian diseases. Traumatic cases being the rare exception.

(4) In cases where (admitting the existence of such), the abscesses are the result of lymphatic absorption, the tubes will be found diseased also by the extension of the disease from the uterus by continuity, and will require removal also.

(5) With our present diagnostic skill, a differential diagnosis is impossible as to whether we have to deal with a condition suitable for vault drainage or not, as per rules and indications laid down by some advocates of this procedure.

(6) Imperfect and incomplete operations are poor conservative agents, and are sure to disappoint the patient and bring censure to the surgeon.

(7) Breaking up all adhesions and removal of all diseased masses brings the speediest and surest cures. Adhesions are sources of much suffering and danger, and any operation is unfinished that does not liberate all imprisoned sound organs and remove all diseased structures.

(8) Time and expense demand in many cases the quickest route to complete recovery. A low death rate attends the operations performed on the poorer classes. Early surgery and absence of prolonged tinkering are the factors in the successes in this class of patients.

(9) If a woman escapes the dangers to life from inflamed uterine appendages, she has left crippled and useless organs liable to relapses.

(10) Uterine appendages are not necessary to a woman's healthy existence. Useless diseased organs are sources of invalidism, and dangerous to harbor. Healthy organs should not be removed.—*Annals of Gyn. & Ped.*

THE EFFECT OF ERGOT ON THE INVOLUTION OF THE UTERUS DURING THE LYING-IN PERIOD.—In the Transactions of the Obstetrical Society of London, vol. xxx, for 1888, will be found a paper by Dr. C. Owen Fowler and myself, in which observations are detailed pointing to this general conclusion; "That the administration of an ergot mixture during the first fortnight of the lying-in period appreciably increases the rapidity with which the diminution in size of the uterus goes on." This conclusion was reached by comparing the average rate of involution (a) in a number of cases, taken without selection, in which ergot was given, with (b) the average rate of involution in an equivalent number of cases, also taken without selection, in which ergot was not given. In the Annales de Gynécologie, vol. xxix, for 1888, p. 175, is published an investigation by Dr. Emile Blanc, of Lyons, conducted in a very similar way, but which led him to the conclusion that "ergotine administered during the first five or ten days of the lying-in period exerts no favorable influence on uterine involution." Dr. Blanc's research was quoted at the time in several English journals. These two investigations seem to contradict one another. I desire to point out that they do not; but that, on the contrary, they confirm one another and show the real value of ergot in the lying-in period. The reason that Dr. Blanc's conclusion differs from that of Dr. Fowler and myself is this, that he chose the cases in which to test the effect of ergot. He took only cases of "normal delivery at full term, excluding premature labors, cases with febrile disturbance, and all cases needing any intervention" (p. 177). These cases excluded are just those in which the causes known to hinder involution are present. Dr. Fowler and I took cases without any selec-

tion, and therefore among ours were included cases in which the causes of subinvolution were present. Dr. Blanc's research shows that in a normal lying in the uterus completes its involution as well without ergot as with it. The paper by Dr. Fowler and myself shows the beneficial effect of ergot in counteracting the causes which retard involution. Dr. Blanc's paper contains nothing in opposition to this view; on the contrary, he expressly says: "Against secondary hemorrhage the drug maintains its position. Its action is the more efficacious the nearer the delivery." The practical conclusion is, that while in a perfectly normal lying-in ergot is not required, yet when any cause of imperfect involution is present, or suspected to be present, ergot given throughout the lying-in period will counteract its influence, will promote involution, and should be given.—Herman, *Lancet*.

"THE WORLD DO MOVE."—From the pamphlet on classification and rules published by the World's Columbian Exposition we quote: "Rule 15. Articles that are in any way dangerous or offensive, also patent medicines, nostrums and empirical preparations whose ingredients are concealed will not be admitted to the exposition."

RESORCIN WITH BISMUTH, FOR ASIATIC CHOLERA.—This remedy is receiving considerable attention. Testimony is put forward in its favor by many where it has been tried with success. In mild cases it is admitted to be of some use, but the protraction is considered dangerous, as after this period it reappears. With vomiting, thirst and diarrhoea a one per cent. solution of tannin is recognized as an important adjunct. The prescription is:—

Resorcin, gr. $\frac{1}{2}$ to j.
Bismuth subnit, gr. v to x.

INSURANCE AGAINST A SUDDEN INCREASE IN THE FAMILY.—A company has recently been organized in London, the ostensible object of which is to insure married people against twins and triplets. A married man expecting to become a father must deposit £5 to become a policy-holder. In case the policy-holder's wife

has twins he will receive £50; in case she has triplets, £75. The company is called the "Provident Bounty Association." It has issued a prospectus calling attention to its conditions of issuing policies, which it says are simple and are intended to appeal especially to the lower middle class, including young book-keepers, shop clerks and small tradesmen.—*Med. Review.*

At a recent meeting of the American Association of Obstetricians and Gynecologists, a local general practitioner was called upon to make a few remarks relative to the subject of ectopic gestation, then under discussion. He gave a graphic description of such a case, which he had failed to recognize, and which had rapidly terminated in the death of the ill-fated patient. "However interesting the etiology, pathology or technique may be to the fellows of this association, point out to us the salient features by which we may, at the earliest possible moment, recognize such conditions and, without delay, turn over these appalling cases to your experienced hands, then shall we mutually have robbed death of many a victim." The quotation does not contain his exact words, but it is the substance of his appeal.—*Cleveland Medical Gazette.*

DYSPEPSIA.—M. Jules Simon has found the following treatment very useful in cases of obstinate indigestion:—

Tincture of Cascarella, }
 " Cinnamon, }
 " Gentian, } 3ij;
 " Colombo, }
 " Rhubarb, }
 " Nux Vomica, 3j;

Ten to twenty drops in a little water before each meal.

STRONTIUM BROMIDE IN VOMITING.—Coronedi (*Lo Sperimentale*) has tried bromide of strontium in a number of cases of vomiting from various causes; the preparation is most successful as a gastric analgesic in vomiting of nervous origin. It is given in doses of two grammes twice daily immediately before meals. Its mode of action appears to be

that of the other bromides, causing first diminution of the excitability of the nerve centres, and then of the nerve endings in the stomach. Of the bromides, that of strontium is the one which contains the least proportion of bromine; it seems probable, therefore, that some of the analgesic effect is due to the metallic element.

For small hemorrhoids and pruritus ani we have found no better remedy, as a local application, than the following:
 R.—Hydrarg. chlo. mitis gr. xx.
 Cocainæ muriat. gr. x
 Petrolati 3i
 M. ft. ung.
 Sig. Apply as directed.

—*Western M. & S. Reporter.*

T. W. Balte reports eight cases of alcohol habit cured by hypodermics, of strychnine gr. $\frac{1}{10}$, and atropine, gr. $\frac{1}{10}$, twice daily. There are no such disastrous effects as those induced by the Keeley treatment.

News and Miscellany.

Deaths and Interments in the City of Philadelphia from the 12th to the 26th of November, 1892.

| CAUSES OF DEATH. | Adults. | Minors. | CAUSES OF DEATH. | Adults. | Minors. |
|--------------------------------------|---------|---------|-------------------------------|---------|---------|
| | | | | | |
| Abscess..... | 2 | 2 | Hernia..... | 2 | |
| Aneurism of the Aorta..... | 1 | | Inanition..... | 9 | |
| Apoplexy..... | 16 | 1 | Inflam'n Brain..... | 5 | 12 |
| Anæmia..... | 1 | | " Bronchi..... | 6 | 6 |
| Bright's Disease..... | 1 | 1 | " Kidneys..... | 4 | 1 |
| Cancer..... | 11 | | " Liver..... | 1 | |
| Casualties..... | 5 | 9 | " Lungs..... | 25 | 17 |
| Congestion of the Brain..... | 1 | 1 | " Periton'm..... | 7 | 2 |
| " Lungs..... | 1 | 2 | " Pleura..... | 1 | |
| Child Birth..... | 1 | | " S. & B'wls..... | 1 | 5 |
| Cirrhosis of the Liver..... | 6 | | Intussusception..... | 1 | 1 |
| Consumption of Lungs..... | 48 | 6 | Locomotor Ataxia..... | 1 | |
| Convulsions..... | 10 | 10 | Malformation..... | 3 | |
| " Puerperal..... | 2 | | Marasmus..... | 10 | |
| Croup..... | 1 | | Old Age..... | 13 | |
| Cyanosis..... | 4 | | Paralysis..... | 15 | 1 |
| Debility..... | 1 | | Poisoning..... | 7 | |
| Diabetes..... | 2 | | Rheumatism..... | 1 | |
| Diphtheria..... | 40 | | Softening of the Brain..... | 2 | |
| Disease of the Heart..... | 29 | 1 | Suffocation..... | | 4 |
| " Liver..... | 3 | | Suicide..... | 1 | |
| Drowned..... | 1 | | Syphilis..... | 1 | |
| Dropsy..... | 1 | | Tabes Mesenterica..... | 1 | |
| Dysentery..... | 1 | | Teething..... | 2 | |
| Effusion of the Brain..... | 1 | | Tetanus..... | 1 | |
| Erysipelas..... | 1 | | Tumor..... | 2 | |
| Emphysema..... | 1 | | Ulceration of the Bowels..... | 1 | |
| Fatty Degeneration of the Heart..... | 2 | | Uremia..... | 2 | |
| Fever, Malarial..... | 1 | | Whooping Cough..... | | 2 |
| " Scarlet..... | 1 | | | | |
| " Typhoid..... | 1 | | | | |
| Gangrene..... | 2 | | Total..... | 248 | 150 |